

# Kaiser Permanente Senior Advantage (HMO)

## Summary of Medical Benefits Part D

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: **1-877-221-8221 (TTY 711)**  
8 a.m. to 8 p.m., 7 days a week

**Oregon 25F**

**7/1/2025 - 6/30/2026**

**San Joaquin County Retirees**

**Group Number: 4958-001**

<b>Deductible</b>	
For one Member per Year	None
<b>Out-of-Pocket Maximum<sup>1</sup></b>	
For one Member per Year	\$1,000
<b>Office visits</b>	<b>You pay</b>
Welcome to Medicare preventive visit	\$0
Primary Care	\$15
Specialty Care <sup>2†</sup>	\$20
Urgent Care	\$20
<b>Tests (outpatient)</b>	<b>You pay</b>
Preventive Tests	\$0
Laboratory <sup>2†</sup>	\$0
X-ray, imaging, and special diagnostic procedures <sup>2†</sup>	\$0
CT, MRI, PET scans <sup>2†</sup>	\$25
<b>Medications (outpatient)</b>	<b>You pay</b>
Prescription drugs <sup>†</sup>	\$10 generic/\$20 brand, for up to a 30-day supply, per prescription. When you get your drugs from our mail-order pharmacy, you may get up to a 31-90 day supply for two copayments. Insulin is subject to the applicable drug tier cost-sharing up to \$35 for each 30-day supply. After you have paid \$2,000 out-of-pocket for Part D covered drugs in a calendar year, you pay nothing for the remainder of the year.
Administered medications, including injections (all outpatient settings) <sup>†</sup>	15% Coinsurance

Nurse treatment room visits to receive injections <sup>†</sup>	\$10
<b>Hospital Services</b>	<b>You pay</b>
Ambulance Services (per transport)	\$75
Emergency department visit	\$50
Inpatient Hospital Services <sup>2†</sup>	\$200 per admission
<b>Outpatient Services (other)</b>	<b>You pay</b>
Outpatient surgery visit <sup>2†</sup>	\$100
Chemotherapy/radiation therapy visit <sup>2†</sup>	\$20
Durable medical equipment <sup>†</sup>	20% Coinsurance
Physical, speech, and occupational therapies <sup>2†</sup>	\$20
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period <sup>2†</sup>	\$0
<b>Mental Health and Substance Abuse Services<sup>†</sup></b>	<b>You pay</b>
Outpatient Services	\$15
Inpatient Services	\$200 per admission
<b>Alternative Care (self-referred)</b>	<b>You pay</b>
Acupuncture Services	Not covered
Chiropractic Services	Not covered
Massage Therapy	Not covered
Naturopathic Medicine	Not covered
<b>Vision Services</b>	<b>You pay</b>
Routine eye exam	\$15
Vision hardware and optical Services	Balance after \$100 allowance to use toward the purchase price of eyewear once within a two-calendar-year period.
<b>Outside Service Area Benefit</b>	20%. The annual benefit maximum is \$1,250. Kaiser Permanente pays 80% up to \$1,000 per year. You pay 100% thereafter. (In the U.S. only.)
<b>One Pass®</b>	\$0 for basic fitness center membership at participating centers.
<b>Hearing Aids<sup>2</sup></b>	Not covered

<sup>1</sup> Refer to your Medical Benefits Chart for cost-sharing that does not apply to the out-of-pocket maximum.

<sup>2</sup> Your plan provider may need to provide a referral.

† Prior authorization may be required.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request.

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***Have questions?***

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The benefit information provided is a brief summary, not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. If you receive Extra Help to pay for Medicare Part D prescription drug coverage, premiums and cost sharing will vary based on the level of Extra Help you receive. Please contact the plan for further details.